



Application for Certificate of Title for a Motor Vehicle

MVD Use Only

Title and Registration Bureau

P.O. Box 201431, 302 N Roberts, Helena, MT 59620-1431 Phone (406) 444-3661 Fax (406) 444-0116 • mvdtitleinfo@mt.gov

Fees: \$12 for light vehicles, trucks and buses weighing less than one ton; \$10 for all other vehicles. Additional fees and taxes will be due upon registration.	Title Number:
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A Applicant Section	Applicant's Legal Name (first, middle, last) or Firm Name:			DL/FEIN/Tribal ID/Corp ID*	
	Co-Applicant's Legal Name (first, middle, last):			DL/FEIN/Tribal ID/Corp ID*	
	Mailing Address:			State where DL issued:	
	Residential Address:			State where DL issued:	

B Vehicle Section	Manufacturer's Suggested Retail Price: \$ _____	Year: _____	Make: _____	Model: _____	Style: _____
	Vehicle Identification Number: _____	Color: _____	Fuel Type: _____	Unladen Weight: <input type="checkbox"/> 2850 lbs or less <input type="checkbox"/> Over 2850 lbs	Motor Home Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
	Trucks One Ton and Under: <input type="checkbox"/> 1/4 ton <input type="checkbox"/> 1/2 ton <input type="checkbox"/> 3/4 ton <input type="checkbox"/> 1 ton	Trucks Over One Ton: Manufacturer's Rated Capacity: _____	Trailer/Travel Trailer/Camper/Motor Home: Declared Weight: _____ Length: _____	Motorcycle and Quadricycle: CC: _____ Wheel Base: _____ Wheel Diameter: _____	<input type="checkbox"/> Street rod <input type="checkbox"/> Kit vehicle <input type="checkbox"/> Custom vehicle <input type="checkbox"/> Specially constructed vehicle

C Is there a security interest or lien against this vehicle?	<input type="checkbox"/> No - go to Section D			
	<input type="checkbox"/> Yes - complete this section and submit a filing fee of \$8 for each security interest or lien.			
	Date of First Security Interest: _____	Amount \$: _____	Name of First Secured Party or Lienholder: _____	DL/FEIN/Tribal ID/Corp ID*
	Mailing Address of First Secured Party or Lienholder: _____		City: _____	State: _____ Zip Code: _____

D Odometer/Statement of Sale Section	Under penalty of law (MCA 45-7-203), I certify that:		
	<ul style="list-style-type: none"> The vehicle described above was sold <input type="checkbox"/> new <input type="checkbox"/> used to the applicant named in Section A on (date) _____ by (printed name of seller) _____ Seller's Address: _____ The (check one) <input type="checkbox"/> five or <input type="checkbox"/> six digit odometer now reads (no tenths) _____ miles, date read _____ and, to the best of my knowledge, it reflects the actual mileage unless one of the following statements is checked: 		
	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 10px;">DO NOT CHECK UNLESS APPLICABLE</div> <div style="display: flex; flex-direction: column;"> <input type="checkbox"/> The odometer reading reflects the amount of mileage <i>in excess of its mechanical limits.</i> <input type="checkbox"/> The odometer reading is not the actual mileage. Warning – odometer discrepancy. </div> </div>		
	<ul style="list-style-type: none"> If signing for a business entity or trust, I have full authority to do so. 		

Dated this _____ day of _____ 20 _____ Dealer's License Number _____ Signature of Dealer's Agent – this is my legal signature _____

Dealer's Firm Name _____ Printed Name of Dealer's Agent _____

E Applicant's Acknowledgement	Under penalty of law (MCA 45-7-203), I certify that:	
	<ul style="list-style-type: none"> I am one of the applicants named in Section A; I am aware of the odometer certification made in Section D; I have provided the appropriate identification number to the Department; The statements made and information contained on this form are true and correct to the best of my knowledge, information, and belief; I am the person named on this form; and, if signing for a business entity or trust, I have full authority to do so. 	
	Dated this _____ day of _____ 20 _____ Signature - this is my legal signature (only one signature is required) _____	

If Applicant is a Business Entity, Give Full Name _____ Printed Name of Applicant _____

*DL-Driver License Number; FEIN-Federal Employer Identification Number; Tribal ID-Tribal Identification card; Corp. ID-Corporate Identification; CID-Customer Identification number